

10/31/01

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PTO/SB/05 (11-00)
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10/31/01

UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 205032000600

First Inventor Guan-Ting CHEN, et al.

Title BIOCHIP TESTING SYSTEM

Express Mail Label No. EL 736718778 US



CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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Date of Deposit: October 31, 2001

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Tami M. Procopio

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 19]		a. <input type="checkbox"/> Computer Readable Form (CRF)	
(preferred arrangement set forth below)		b. <input type="checkbox"/> Specification Sequence Listing on:	
- Descriptive title of the invention		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	
- Cross Reference to Related Applications		ii. <input type="checkbox"/> paper	
- Statement Regarding Fed sponsored R & D		c. <input type="checkbox"/> Statements verifying identity of above copies	
- Reference to sequence listing, a table, or a computer program listing appendix			
- Background of the invention			
- Brief Summary of the invention			
- Brief Description of the Drawings (if filed)			
- Detailed Description			
- Claim(s)			
- Abstract of the Disclosure			
4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 3]		ACCOMPANYING APPLICATION PARTS	
5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3*]		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [Power of Attorney]	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		11. <input type="checkbox"/> English Translation document (if applicable)	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations]	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		13. <input checked="" type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) Should be specifically itemized	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input type="checkbox"/> Other	
18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:			
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		of prior application No:	
Prior application information:		Group / Art Unit:	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label		or <input type="checkbox"/> Correspondence address below	
		 25225 PATENT TRADEMARK OFFICE	
(Insert Customer No. or Attach bar code label here)			
Name	Kate H. Murashige		
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	Suite 500		
City	San Diego	State	CA
Country	USA	Zip Code	92130
	Telephone	858-720-5100	Fax 858-720-5125
Name (Print/Type)	Kate H. Murashige	Registration No. (Attorney/Agent)	29,959
Signature		Date	October 31, 2001

sd-64396

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**FEE TRANSMITTAL
FOR FY 2001**

Patent fees are subject to annual revision.

Complete if Known

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	Guan-Ting CHEN, et al.
Examiner Name	To be assigned
Group Art Unit	To be assigned
Attorney Docket No.	205032000600

TOTAL AMOUNT OF PAYMENT**(\$)780.00****METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **03-1952**

Deposit Account Name **Morrison & Foerster LLP**

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ **Payment Enclosed:**

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	740
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)740.00**2. EXTRA CLAIM FEES**

Total Claims	18-20**	Extra Claims	Fee from below	Fee Paid
Independent Claims	1-3**	x		\$
Multiple Dependent				\$

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claims, if not paid	
109	80	209	40	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)0.00

** or number previously paid, if greater; For reissues, see above.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions of the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per properties (times number of properties)	40.00
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)40.00**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Kate H. Murashige	Registration No. (Attorney/Agent)	29,959	Telephone	(858) 720-5112
Signature	<i>Kate H. Murashige</i>	Date	October 31, 2001		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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sd-64404

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

12/10/2001 SFELEKE1 00000030 031952 10003458

~~01 FC:101~~ ~~740.00 CH~~

Adjustment date: 12/31/2001 TV0111
12/10/2001 SFELEKE1 00000030 031952 10003458

~~01 FC:101~~ ~~740.00 CR~~

12/31/2001 TV0111 00000002 031952 10003458

01 FC:201 370.00 CH